

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | |
|--|---------------------------|----------------------------|--------------|
| 1 Date of Request: | 2 Serial/Patent # | 10/626,463 | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED |
| Filing | | | \$ |
| Amendment | | | \$ |
| Extension of Time | | | \$ |
| Notice of Appeal/Appeal | | | \$ |
| X Petition | None | 11-15-04 | \$130.00 |
| Issue | | | \$ |
| Cert of Correction/Terminal Disc. | | | \$ |
| Maintenance | | | \$ |
| Assignment | | | \$ |
| Other | | | \$ |
| | | 7 TOTAL AMOUNT OF REFUND | \$130.00 |
| | | 8 TO BE REFUNDED BY: | CC |
| | | At Treasury Check | |
| 10 REASON: | | Credit Deposit A/C #: | |
| Overpayment | | 9 | |
| Duplicate Payment | | -- | |
| X No Fee Due (Explanation): | <i>PTO lost the paper</i> | | |
| 11 REFUND REQUESTED BY: | | | |
| TYPED/PRINTED NAME: | | <i>Paul Sharash</i> | |
| SIGNATURE: | | <i>Paul Sharash</i> | |
| OFFICE: | | <i>Office of Petitions</i> | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY ***** | | | |
| APPROVED: | | <i>Alicia Miller</i> | |
| DATE: | | <i>2/8/05</i> | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B